

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/10/2018 16:22
Date Of Accident	11/10/2018 20:10
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE TOWARDS OXLEY RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7205E
Insured/Policyholder	
Name Of Registered Owner	ARIFFADHILAH BIN MUHAMMAD
NRIC No	S9822200F
Email Address	DANIALHAZIQQQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87497721
Alternative Phone No	OTHERS-83330219

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001577-01-000
Cover Note Number	

Driver

Name of Driver	DANIAL HAZIQ BIN AZMAN
NRIC No	S9519938J
Date Of Birth	11/06/1995
Occupation	INDOOR
Date Of Driving Pass	02/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83330219
Fax Number	
Contact Number	OTHERS-87497721
EEmail Address	DANIALHAZIQQQ@GMAIL.COM

Address	BLK 613 CHOA CHU KANG STREET 62 #03-211
Postcode	680613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : AFIQAH FATIN BINTE ABDUL RAZAK GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181012/2041 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6226X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DANIAL HAZIQ BIN AZMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE7205E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	AFIQAH FATIN BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE7205E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

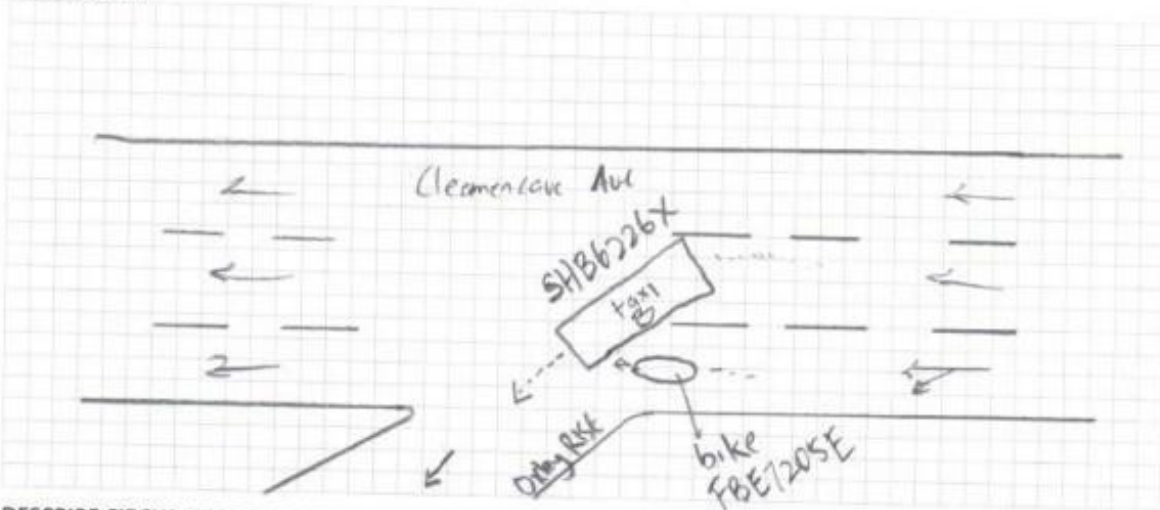
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/18
1548 hrs

Reporting Centre Personnel's Signature
Name: *Robert*
NRIC/FIN No.: *Robert*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/2018/1012/2041

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

(Leave blank for use by the reporting centre)

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/18
1548 hrs.

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181012/2041

1 of 3

Report No. T/20181012/2041

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2018 11:35		Vide Report No.: E/20181011/0152		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: DANIAL HAZIQ BIN AZMAN			Address: APT BLK 613 CHOA CHU KANG STREET 62 #03-211 SINGAPORE 680613		
ID Type / ID No.: NRIC NO / S9519938J			Contact No.: Home/Office: Mobile: 83330219		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 11/06/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2018 20:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENCEAU AVENUE OXLEY RISE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7205E	Motorcycle	YAMAHA	YZF-R15	Yellow	Slightly Damaged	1
SHB6226X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181012/2041

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181012/2041

CONTINUATION OF REPORT

Rider			
Name	DANIAL HAZIQ BIN AZMAN		ID No. S9519938J
Related Vehicle	FBE7205E (Motorcycle)		Contact No. 83330219
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3A Date of Expiry: NIL
Date Treatment	11/10/2018	Date Discharge	11/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	AFIQAH FATIN BINTE ABDUL RAZAK		ID No. S9240888D
Related Vehicle	FBE7205E (Motorcycle)		Contact No. 96640143
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2018	Date Discharge	11/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/10/2018 at about 2010, while I was riding, FBE7205E, a pillion was with me and I met with an accident with a taxi, SHB6226X. I was riding on the third lane of Clemenceau Ave and suddenly, the taxi just turned left on the second lane towards Oxley Rise. I did not have enough time to brake and avoid the taxi, hence my bike hit onto the taxi. Both myself and my pillion fell off the bike. The pillion suffered abrasion on her whole right leg and palm. I have abrasion on right elbow, hip and legs and pains on some parts of my body. My bike has lots of scratches from the accident and the brake lever is broken. The taxi driver called for the police and ambulance. My pillion was conveyed to the hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181012/2041

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No, T/20181012/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Signature Of Informant:

Date/Time:

12/10/2018 11:35

Classification Of Case:

Authentication Stamp

NP168

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9519938J



Name
DANIAL HAZIQ BIN AZMAN

Race
MALAY

Date of birth
11-06-1995

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE
S9519938J



DANIAL HAZIQ BIN AZMAN

Birth Date: 11 Jun 1995
Valid Date: 18 Apr 2018

10027943341

4512838



NRIC No. S9519938J



Date of issue
30-07-2010

Address
APT BLK 513 CHOA CHU KANG STREET 02
#03-211
SINGAPORE 680513

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Motorcycle	Motor car	Motor car with clutch pedals	Motor car with clutch pedals and motor tractors/trailers
Class 2B	Motorcycle <= 200 CC			
Class 2A		Motor car without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/trailers without clutch pedals <= 2000 kg		

S / No. 9000314088

NP 423A

Licence No: S9519938J



Singapore
General Hospital
SingHealth

Department of Emergency Medicine
Outram Road
Singapore 169608
Tel : (65) 6321 4103
Fax : (65) 6226 0924
Reg No : 1987039072

ORIGINAL

MEDICAL CERTIFICATE

EMD2018385683

Name DANIAL HAZIQ BIN AZMAN		NRC No. S9519938J	
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>11-Oct-2018</u> to <u>15-Oct-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Operated on : _____	
Discharged on : _____	<input type="checkbox"/> Sterilization Leave		
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments :			
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 11-Oct-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  HUANG HUILING , 62984G	



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Accident Photo



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